Health Innovation
Oxford & Thames Valley

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"Technology is advancing, the system is going backwards – it's hurting our people"

Discussion with a Bengali speaking community about the use of Artificial Intelligence for translation in healthcare.

Katie Lean
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Acknowledgements

To the eight men and women who participated in the discussion group: thank you for sharing your stories, your insight into healthcare, and for your wisdom, and knowledge around new technologies. Without you we could not do what we do.

Hanif Ahmed, for supporting in the organisation of the discussion group.

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Contents

1. Introduction

The use of technology to make care more effective and efficient is a cornerstone of the 10-year Plan for the NHS. Artificial Intelligence (AI) solutions are highlighted throughout.

Dora is an AI enabled chatbot designed to conduct responsive, clinically validated patient follow-up after cataract surgery. It has been developed by UK-based company, Ufonia, and to date, has been used in over 60,000 follow-up telephone calls.

Ufonia have been awarded an NIHR grant to develop Dora in ten languages, other than English. Health Innovation Oxford and Thames Valley (HIOTV) is supporting the research. It is hoped that the deployment of multi-lingual versions of Dora will help address language barriers, and digital exclusion that disproportionately affect minority, and marginalised communities.

This report presents findings from a patient discussion group held with the Bengali-speaking community. The session explored participants' experience of accessing healthcare, their perspectives on interpretation and translation, and their views of Dora. The primary focus was to identify potential risks of misunderstanding, or disengagement arising from dialect, translation, tone, or delivery. [1]

2. Background

Health inequalities related to language, digital exclusion, and cultural barriers remain a significant challenge within the NHS. [2] [3] Bengali-speaking communities, particularly older adults, often rely on family members to access healthcare, which may compromise patient autonomy, confidentiality, and safety.[4] [5] In response to these challenges, digital and AI enabled solutions are increasingly being explored to support communication between patients and healthcare services. This includes translation and automated follow-up tools. [6] [7]

People from ethnic minority backgrounds often experience poorer health outcomes, and face multiple barriers to accessing and receiving care, driven by structural inequalities and discrimination. [8] Increasing the availability of multilingual support is one approach to addressing this.

[1] Ethics and governance of artificial intelligence for health: Guidance on large multi-modal models
[2] NHS England » National Healthcare Inequalities Improvement Programme
[3] Health Equity in England: The Marmot Review 10 Years On | The Health Foundation
[4] NHS England » Accessible information standard
[5] Flores, G. (2005) 'The impact of medical interpreter services on the quality of health care
[6] NHS England » Fit for the Future: 10 Year Health Plan for England
[7] The Topol Review – The Topol Review
[8] NHS England » Ethnicity health

3. Methodology

HIOTV conducted an in-person discussion with a group of men and women who speak Bengali. The venue was based in London.

Participant recruitment

Participants were invited to take part through community outreach in collaboration with the Islington Bangladesh Association. Interested individuals were offered £50 reimbursement for their time. A total of eight Bengali speaking men and women of mixed ages and proficiency of English took part in the session. An interpreter was present but was not required to translate throughout the session.

Discussion group design

The timing of the discussion group was agreed with Islington Bangladesh Association, to best suit the range of participants. It was held on a Thursday, between 1030-1300, with a ten-minute break.

A briefing paper, (Appendix one) and consent form (Appendix two) were sent to all participants before the session so that they knew what to expect.

A discussion guide (Appendix three) was developed, and used during the session to:

- explore experiences of healthcare.
- understand challenges related to language barriers, interpretation, and digital systems.
- gather user feedback on a Bengali speaking version of Dora.
- identify linguistic, cultural, and emotional risks that could cause harm or distress to patients.
- inform ethical, safe, and culturally appropriate design of translation technologies.

To support discussion a five-minute clip of Dora speaking to a patient in Bengali was played to the group.

The facilitated session was recorded with participants' written consent. Notes were taken.

Data Analysis

The audio recording was transcribed, and thematic analysis of discussions undertaken. The draft report was shared with participants to check for accuracy.

4. Findings

The discussions that took place were centred around participants' experience of healthcare in the UK. There was broad experience of healthcare from both personal experience and experiences of supporting family and community members. The key themes focussed around:

- difficulty in accessing care.
- digital services do not work for everyone.
- families play a large role in health.
- communication and the use of interpreters.
- cautious optimism around the use of AI.

4.1 "It's just too hard to get through" – Everyday barriers to accessing care

Participants consistently described the NHS as a difficult, disconnected and frustrating system to navigate. Long waiting times and a lack of communication between different hospital departments cause immense stress. General Practice (GP) surgeries were seen as one of the hardest to services to reach.

Key Issues

- **Getting through is a struggle:** Relying on a single phone line or online forms create immediate barriers for patients trying to book an appointment.
- **Too much burden on patients:** Current online triage systems such as e-consult appear to shift the administrative work away from the surgery and onto patients/carers.
- **Disconnected services:** A lack of communication between different parts of the NHS such as hospital transport and clinical areas, frequently disrupts patient care.

What this means: Long delays and poor communication cause stress to patients and it was felt that the wait time may actively make health conditions worse.

In the participants' words

"Waiting times, almost impossible. It took a whole year for us to get a call."

"There's only one number. You have to keep trying."

"The whole of the NHS is disjointed – no communication between transport and the hospital."

"You go through it (medical history) and then you've got to start all over again (systems not talking to each other)."

4.2 "Not built for people like us" – When digital systems exclude

While online systems are meant to make things faster, instead participants perceived them to act as a barrier that locks out specific groups within the Bengali community.

Key Issues

- **Groups left behind:** Digital barriers particularly effect older adults, people with limited English, and those who do not own smartphones or computers.
- **No alternative options:** Moving everything online leaves no backup options for people who cannot use technology, making independent access "virtually impossible" for the elderly.
- **Frustrating systems:** Online forms like e-Consult ask too many repetitive, complicated medical questions and frequently time-out.

What this means: Instead of making healthcare fairer, digital-only systems increase inequalities and force vulnerable people to rely entirely on others for their basic health needs.

In the participants' words

- "If it's difficult for me, what about people who've come from abroad?"
- "So many questions - medical questions - sometimes difficult."
- "It takes half an hour, and then errors in the system."

"Technology is advancing but the system is going backwards."

4.3 "It takes the whole family" – The hidden workforce in healthcare

The Bengali community is a tight knit community and participants emphasised that family involvement is embedded in their culture. Family members play a critical, unpaid role in supporting those less able to navigate healthcare.

Key Issues

- **More than just translating:** Family members do it all. They book appointments, interpret during consultation and advocate for the patient because they know their full history.
- **Lack of respect from the system:** Despite their vital help, family members often feel the NHS does not value or accommodate their involvement.
- **Appointment frustrations:** The system rarely co-ordinates with working family members leading to increased stress levels, disrupted working days for relatives and delayed appointments.

What this means: When the NHS fails to recognise and support the role of the family caregivers, it can create unnecessary delays and leaves families feeling ignored.

In the participants' words

- "Families are involved; the whole family works as one body."
- "If they (NHS) pay for an interpreter, they could pay for a trusted family member. It would help them to take time off work (to support)."
- "Why is my word not taken as with any value?"

4.4 "We speak the same language, but not really" – The reality of interpreters

Participants reported mixed and often negative experiences with official NHS interpreter services. Some felt that it was like a "lottery" on which interpreter you got. The current setup often overlooks regional dialects and personal privacy.

The main challenges with interpreters

Challenge	What is Happening?	How it Affects the Patient
Dialect Mismatch	The service provides formal, standard Bengali (Calcutta dialect), but the patient speaks a regional dialect like Sylheti.	Breakdown in understanding; patients would rather try speaking "broken English" than a dialect they don't know.
Too Formal	Interpreters use overly academic or "posh" language rather than everyday spoken words.	It sounds like "Shakespearean English," making clinical explanations impossible to follow.
Phone Interpreting	Relying on an interpreter over a loud or lagging phone line during an appointment.	It causes confusion, misses body language, and requires double-length appointments.
Trust and Privacy	Patients worry about sharing personal or sensitive health details with an outsider.	Patients self-censor or just say "yes, yes, yes" to end the call without actually understanding.

What this means: If the interpreter services do not match the actual spoken language and conversational needs of the patient, medical accuracy and trust is lost.

In the participants' words

- "Within Bengali (dialects) can be 180 degrees different. I would rather speak broken English if I can't understand that Bengali."
- "Family (is) always the best (but) depends on the issue. Personal issues are different."
- "Phone call interpreter I don't like. Very confusing."

4.5 "Where did the human go?" – Feeling processed and not cared for

A strong emotional theme throughout the group was a feeling that human warmth and compassion have been lost in modern healthcare.

"Humanity is evaporated; it has become a system. When ill and most vulnerable, there should be the human touch."

Key Issues

- **Feeling like a number:** Participants felt that they are treated like data entries to be processed rather than individual people.
- **The cause:** Participants linked this loss of empathy directly to increased use of computers, time pressures on staff, and a broken system.

What this means: When healthcare feels entirely mechanised, it damages the emotional well-being of patients and erodes their trust in the NHS.

In the participants' words

- "You feel like a data source, not a person."
- "We are dealing with human life, not machines."

4.6 "It could help, but not replace people" – The community's views on Artificial Intelligence

Participants shared a balanced but cautious view of Artificial Intelligence (AI). They see potential benefits when AI supports staff in administration and paperwork tasks. However, they are deeply concerned about losing the human touch.

Pros and Cons of AI in healthcare

Potential benefits (Pros)	Key concerns (Cons)
Helping to cut down on long waiting times.	The loss of face-to-face human interaction.
Sorting out background paperwork and scheduling.	A machine's inability to understand or show genuine human emotion.
Providing consistent, quick answers for simple tasks (like a supermarket self-checkout).	Safety risks if the AI misunderstands a medical issue.
	Trust issues e.g. how do I know a phone call is really from the NHS and not a scam?

What this means: The community will only accept AI if it has strict human oversight, is proven to be safe and is used to assist staff, not replace them.

In the participants' words

- "If AI misunderstands, that will affect my health."
- "AI can make life easier but like self-checkouts it takes time to trust."

4.7 "This isn't how we talk" – Reactions to Dora Chatbot

The participants review of the Dora chatbot revealed a major gap between how the software was programmed, and how the community actually communicates.

Wrong dialect and cultural misalignment

The Dora chatbot currently uses formal, Calcutta dialect. This creates an immediate barrier because most of the community who do not have a good command of English speak Sylheti. Participants pointed out that if a tool is built for a specific community, it needs to speak their language. They also identified that there is a difference between spoken and written dialects.

A stiff, scripted tone

Dora sounded completely unnatural. Participants said that it felt like a training tape or "two AIs talking to each other" rather than regular, comfortable spoken language.

Communication is a two-way street

Participants highlighted a concern that while Dora might use one dialect, it may not be able to understand a response in Sylheti when the patient speaks back to it. There were added concerns that Dora may expect short, direct answers. In reality Bengali patients often explain their health by sharing a story. The question was raised around "is Dora able to handle this?"

Divided generations

While older generations would face total exclusion using this tool in its current format, some younger, bilingual participants were open to it. This was mostly because they sometimes prefer avoiding the stress of talking to people altogether, rather than because the tool was accurate.

What does this mean: In its current format, the Dora chatbot does not work for the community it's trying to serve. It is mismatched with the language, culture, and natural storytelling way that local Bengali and Sylheti speaking patients talk about their health.

In the participants' words

- "I understood 90% of it but I couldn't respond in that dialect." (younger participant)
- "No chance of the older generation (who need this, as the younger can communicate in English) to understand."

5. Recommendations

"One size doesn't fit All" – Systems must reflect real life

Healthcare access and delivery must better reflect how people live, communicate, and use services.

Address the language mismatch

- ensure that Dora is trained on conversational Sylheti.
- ensure that Dora can accurately understand regional accents, storytelling, and everyday Sylheti language when the patient speaks back.

Humanise the conversational flow

- train Dora where possible to understand key medical context from natural story telling.
- soften the prompts to sound warm and conversational.

Build for family assisted care

- build in a question to ascertain if it is a family member assisting a relative.

Ensure safety and trust

- build in secure, verified communication channels to reassure patients that this is not a scam.
- clearly frame Dora as a tool to speed up administration and triage, not a machine to replace a doctor or nurse.

Implement community co-design

- Run live workshops with older adults and family carers before deployment.

6. Conclusion

Healthcare systems are currently experienced as complex and difficult to access, particularly for those with language or digital barriers. Language solutions must go beyond translation and reflect dialect, culture and spoken communication styles. For communities to trust AI it should be introduced to support, not replace, human care. Data security and clear pathways to human support are essential for adoption.

Dora demonstrates promise, but requires further development in dialect, conversational style, and real-world usability. Addressing these gaps and co-design with communities will be essential to ensure solutions are safe, inclusive and effective.

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Appendix one: Briefing paper

NIHR | National Institute for Health and Care Research

Health Innovation Oxford & Thames Valley

Community conversations: healthcare, and the Bengali speaking community

Thursday 21st May 2026, 1100-1300

71 Caledonian Road, London, N1 9BT

Briefing Paper

Background

In 2021, 91% of people living in the UK said that English was their main language[1]. The most common languages other than English were Polish, Romanian, Punjabi and Urdu[2]. Language barriers can easily lead to miscommunication between healthcare staff, patients, and their families. This can have a negative effect on everyone's experience and can reduce the quality of care and safety[3].

Dora – a computer programme that calls patients by 'phone

As part of a National Institute Health and Research funded project, Health Innovation Oxford and Thames Valley are working with a company called Ufonia. Ufonia have developed a computer programme called Dora. Dora has been trained using Artificial Intelligence (AI) to have telephone conversations with patients. A Dora telephone call can help make sure that patients are ready for surgery, or that they are doing well after their surgery.

Testing Dora in the NHS

Dora has been tested in the NHS, making telephone calls to patients who have had cataract surgery, checking that they are recovering well. Overall, in the 13 hospitals that have tested Dora, patients are very happy with these conversations. Ufonia now want to translate Dora into ten languages, other than English. To make sure that this is done well we are having conversations with communities whose language will be included in the new Dora conversations. This includes the Bengali speaking community.

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About the conversation

The session will be a small, interactive, discussion with members from the Bengali speaking community. We will discuss your thoughts, and feelings about:

- what it is like to receive health care in the UK.
- how you feel about the use of interpreters - family members, NHS staff or language line.
- the use of Artificial Intelligence in healthcare.
- after listening to a DORA conversation in Benali
- , your initial thoughts about how it sounds.

At any time, you can decide not to take part in the conversation. A member of the team will be available for a discussion if you want to talk to someone before, during or after the discussion.

The discussion will be led by Lisa-Anne Dallas and Katie Lean from Health Innovation Oxford and Thames Valley.

Joining the meeting

This discussion group will take place:

Thursday 21st May 2026, 1100-1300

71 Caledonian Road, London, N1 9BT

Tea and coffee will be provided

After the conversation

Your insights will be used to write a report that will help Ufonia improve the design of Dora. We will not identify anyone who takes part in the conversation in the report. If we use any quotes people will remain anonymous. We would like to record the session for accuracy of notes, and will ask you to sign a consent form on the day.

A payment of £50 is available for taking part in the conversation. This should be claimed through Hanif Ahmed at the Islington Bangladesh Association.

Contact

If you have any questions before or after the discussion group, please contact katie.lean@healthinnovationoxford.org.

[1] Language, England and Wales - Office for National Statistics
[2] Implications of Language Barriers for Healthcare: A Systematic Review - PMC
[3] Implications of Language Barriers for Healthcare: A Systematic Review - PMC

Appendix two: Consent

Health Innovation Oxford & Thames Valley

Consent Form

A focus discussion group with the Bengali speaking community around healthcare, and technology

Thank you for agreeing to take part in the above focus discussion group on Thursday 21st May 2026, 1100-1300

As part of a **National Institute Health Research funded project**, Health Innovation Oxford and Thames Valley[1] are working with a company called Ufonia. Ufonia have developed a computer programme which they call "Dora". Dora has been trained using Artificial Intelligence (AI) to have intelligent conversations with patients. It is a telephone conversation that can be used to make sure that patients are ready for surgery, or that they are progressing after surgery.

This will be a small interactive discussion group with members of the Bengali speaking community. We will be seeking to understand how you have felt when receiving healthcare in the UK, including the use of interpreters (family members or language line). We will be sharing a short recording of a clinical conversation between a patient, and Dora in Bengali, and looking for your feedback on how it sounds, as well as how you feel about artificial intelligence (AI) in healthcare.

The discussion group will explore the following:

- your experience of healthcare in the UK – what has worked well and what could be improved.
- your thoughts around Artificial Intelligence in healthcare.
- your initial thoughts around the Dora conversation in Bengali.

Your insights will be used to write a report and help the company to improve the design of Dora. No one who takes part in the discussion will be identified. We may use quotes in the report, but no names will be used.

At any time, you can decide not to continue to participate. A member of the team will be available for a discussion if you want to talk to someone before or after the discussion.

A payment of £50 is available for taking part in the conversation. This should be claimed through Hanif Ahmed at the Islington Bangladesh Association.

The discussion will be led by Katie Lean and Lisa-Anne Dallas from Health Innovation Oxford and Thames Valley.

If you have any questions before or after the workshop, please contact katie.lean@healthinnovationoxford.org.

[1] Home - Health Innovation Oxford & Thames Valley

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CONSENT FORM – Focus discussion group with the Bengali speaking community around healthcare and technology

If you choose to take part, please complete and sign below. By signing you agree that:

- you have read the briefing paper supplied, and understand what is involved in taking part.
- you have had the chance to ask questions and know you can ask more questions at any time.
- it is your choice whether or not you want to take part in this discussion.
- you can withdraw your consent at any time.

I AGREE TO TAKE PART

Please mark each statement with an X if you agree (leave blank if you do not agree)

Statement	Put X in each box if you AGREE with the statement
I agree to take part in the focus discussion group with the Bengali speaking community around healthcare and technology with Health Innovation Oxford and Thames Valley.	
I agree to a recording of the discussion for analysis, and reporting purposes.	
I agree to a transcript of the discussion being held by Health Innovation Oxford and Thames Valley for analysis, and reporting purposes until completion of the project.	
I agree to anonymous quotes being used in a report which will be shared with the company and wider.	

Please insert date, name, and signature below and return completed form to katie.lean@healthinnovationoxford.org

Date: _____

Name: _____

Signature: _____

Appendix three: Discussion guide

Health Innovation Oxford & Thames Valley

Dora Bengali speaking community Discussion Guide

Thursday 21st May 1100-1300

1100-1300

71 Caledonian Road, London N1 9BT

Background

As part of a **National Institute Health Research funded project**, Health Innovation Oxford and Thames Valley (HIOTV)[1] are working with a company called Ufonia. They have developed software called Dora that can undertake automated medical telephone calls. It can assist with pre and post-surgical review telephone calls which can save the time of doctors and nurses. This grant is focused on a multilingual accessible, telephone-based Artificial Intelligence (AI) conversational agent for cataract surgery follow up.

This will be a small interactive discussion group, with members of the public who are from the Begali speaking community. We are interested in hearing thoughts on how people feel about the healthcare (eyecare if appropriate) they have received, thoughts around Artificial Intelligence in the care pathway, and initial thoughts on a recording of Dora (to be played).

The discussion group will explore the following:

- experience of healthcare to date – what worked well and what could be improved.
- thoughts around Artificial Intelligence in healthcare.
- Initial thoughts around Dora conversation in Bengali.

Note on the role of this guide

This document is a **guide** written for qualitative research, not a script. Conversation in the group should flow as naturally as possible. The approach, content and conversation flow in each group is likely to differ depending on the interests, and conversational style of participants. We aim to let participants come to topics as spontaneously, and naturally as possible. Therefore, not all questions in the guide will be asked and not in the order or exact wording here.

The role of the guide is:

- an aide-memoir for the facilitator of the main areas of interest to cover off.
- a default structure, and flow.
- a set of suggested wordings for key questions.

[1] National Institute for Health Research and Health Innovation Oxford and Thames Valley

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Timing	Questions	Objective
	Introduction	
1100 30 Mins	Introduces self, explains role, welcomes everyone, give people some time to settle in / check tech. Shares agenda slide (not in face to face) with clear timings on breaks. Why we are here: Your discussions will be used to inform healthcare (eye care) for the Bengali speaking community, and those where English is not their first language. This includes the benefits, and concerns around using Artificial Intelligence for follow up appointments for cataract patients. A report will be written to summarise the discussions that happen today. No one who takes part in the discussion group will be identified. We may use quotes in the report, but no names will be used. Anytime during the discussions, you can decide not to continue to participate. A member of the team will be available for a discussion if you want to talk to someone after the session. • covered by GDPR – written consent to audio recording (Record and transcribe) • share ground rules slide (talk through) • No right or wrong answers • Any questions? Please introduce yourself with your name and share just one word that describes how you're feeling today. It can be any word — there are no right or wrong answers. If you like, you can say why you chose that word, but you don't have to. **OR** the best thing that has happened to you this week? **OR** what made you interested to come today?	To put participants at ease, share plan for session and set up the rest of the conversation

Main Session		
1130 40 mins	**Session 1: Experiences of Healthcare (Eye Care)** **Aim:** *to gather experiences of how people feel about the healthcare they have received.* We'd like to start with understanding a bit about your experience of receiving healthcare (eye care). Can you share a bit about what it was like for you? *Prompts* • Thinking about your experience what worked well for you/made it a good experience • When things haven't gone so well – can you share a little about what was hard about it and would have made it better? • When you've been receiving healthcare (eye care) has language ever been a challenge for you or your family? **Interpreters** • Can you share your experience if any when interpreters have been used to support your care • What worked well and what do you think might have worked better? **Healthcare method** Have you ever received **any** automated telephone calls? *(if time branch out to not just health)* • Can you share what that was like for you and what worked? • What could have been done to make it better for you? • Have you ever received a telephone or video call for health? *Explore what worked and what didn't.*	Understanding the experiences of those in the Bengali speaking community.

	Additional question if time • What one thing could doctors/nurses do to support clinical discussions with a member of the Bengali speaking community? Recap key points from discussion and check with the group they've captured everything. Any questions?	
BREAK 10 MINS 1210-1220		
1210 40 mins	Welcome everyone back from break **Session 2: Introduction of AI in healthcare and DORA** **Aim:** *to understand how people feel about receiving an audio recording from a conversational AI assistant. Gather thoughts on whether technology could be useful, nuances in translation. Explore trust, privacy, access to devices etc.* We touched upon receiving automated telephone calls in the last session. Now we are going to play a short audio recording of a conversation between an Artificial Intelligent chat bot who has been trained to undertake conversations with patients following cataract surgery. As you listen, we'd like you to think about things such as: • How it makes you feel, how the language sounds, the accent and speed of conversation. **Play the recording (think about if we play before we say AI)** Can we start by finding out your first reactions to the voice and style of the AI call.	Gather detailed feedback on thoughts from AI conversational assistant.

	Prompts • How does it make you feel? • Language correct, sound, accent speed? How do you feel about the possible introduction of a telephone assistant like DORA? *Prompts* • In what way might it be helpful in your care? • What might be good about using a technology like DORA? • What concerns might you have about the introduction of technology like this? • What would make you trust this sort of technology? • How does it compare to other automated telephone assistants you might have used? What do you think others in your community might think? *Prompts* • What might stop someone from using it? • What about access by phone/landline. Can everyone do this easily? Are there any changes you might make to make DORA more useful or trustworthy?	
Summary & Next Steps		
1250 10 mins 1300	Recap key points from discussion and check with the group they've captured everything. Any questions? Explain next steps: go away, write report and suggest amendments to DORA based on your feedback. **Sign consent, thank you, and close**	Hear final thoughts. Finish the workshop and explain next steps.

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